

## Foster Family Home - Corrective Action Report

Provider ID: 1-558992

Home Name: Ferdinia Bueno, CNA

Review ID: 1-558992-4

94-1086 Puloku Street

Reviewer: Sue Lo

Waipahu

HI 96797

Begin Date: 4/4/2018

End Date: 4/9/2018

### Foster Family Home Required Certificate [17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) The NEW Home visit made for a 2-bed certification. Corrective action report issued during the NEW Home visit with corrective action plan due to CTA on 4/16/2018.

### Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) Second set fingerprinting not present in the home for CG#1 and HHM#1. No fingerprinting present in the home for HHM#2.

### Foster Family Home Information Confidentiality [17-1454-13.1]

13.1.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:


13.1.(b)(5) Confidentiality Training document not present for HHM#2.

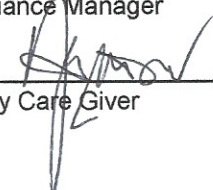
### Foster Family Home Personnel and Staffing [17-1454-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f) TB Clearance not present in the home for HHM#2.

  
Compliance Manager

  
Primary Care Giver

4/4/2018  
Date

4/4/18  
Date



Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Ferdinia T. Bueno

CCFFH Address: 94-1086 Puhoku St. Waiapahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	CG #1 2nd fingerprinting done HHM #1 2nd fingerprinting done HHM #2 Fingerprinting done	4/4/18 4/4/18 4/5/18	Home understand background check requirements + all documents results for fingerprinted are in binder permanently.
13.1(b)(5)	HHM #2 confidentiality done	4/5/18	Home understand the importance of confidentiality + obtained all new SCG + new HHM within 3 days.
4.1(f)	HHM #2 TB clearance done	4/6/18	Home understand the importance of TB clearance + need to renew of year.  Home will use the calendar to remind for all the renew all the requirements before due date. Calendar located by the kitchen wall. Calendar will be checked of week + update as needed.

Primary Caregiver's Signature: \_\_\_\_\_

Print Name: Ferdinia T. Bueno

Date of Signature: 4/6/18